

Health Promotion And Disease Prevention Committee

War On Tobacco Usage Kicks Into High Gear

John O'Brien, MD, MAJ, USA

By the time you read this letter, the newest DOD/VA Clinical Practice Guideline (CPG) will be launched: Tobacco Usage Cessation (TUC). This guideline helps to address not only smokers, but those that use dip/chew/snuff as well.

This CPG is obviously of great interest to those of us on the Disease Prevention/Health Promotion Committee, but it should be important to all of us. We have so much work to do in this area, when 25% of the US population continues to smoke, despite the well-known and well-publicized negative health consequences that it causes. Additionally, a recent review of the most effective *prevention* measures by Ashley et al ranked "assessing adults for tobacco use and providing tobacco usage cessation counseling" second only to vaccinating children with common immunizations. Tobacco Cessation counseling ranks higher than the common preventive measures that we routinely do, including Pap smears, colon cancer screening, and screening for hypercholesterolemia and hypertension!

The DOD/VA CPG will give you plenty of tips on what to say whether you are counseling a patient in your office or actually running a TUC course. The challenge I find is tailoring an appropriate, brief message for getting a patient to the point where they are ready to quit. To do this most efficiently, I use Prochaska's *Stages of Change* model for changing behaviors. With 3 questions at most, I can determine what *stage* the tobacco user is in, and come up with a message that moves the patient towards a decision to quit.

Question #1

Are you currently smoking?

◆ If the answer is NO, then determine if the person has ever smoked and, if so,

how recently they quit. Congratulate them, and give them tips to avoid a relapse (this is Prochaska's Maintenance Stage).

◆ If the answer is YES, then ask question number two.

Question #2

Do you want to quit smoking in the next 6 months?

◆ If the answer is NO, the patient is in the Precontemplation Stage, and is not interested in anything we have to say. For this patient, I would give a brief message like "Mr. Smith, I want you to stop smoking, and I think stopping is the best thing you can do to improve your (heart/lung) condition. When you are ready, I'll be here to help you and give you the information you need to be successful. Please think seriously about this, and we'll talk again at your next visit."

◆ If the answer is YES, then ask question number three.

Question #3

Do you want to quit in the next month?

◆ If the answer is NO, the patient is in the Contemplation Stage, and is ready to talk about quitting, but still has doubts (about the need to quit or in his/her ability to quit), and they need help resolving their ambivalence. For these patients, I spend a little more time, reviewing the *Why to Quit*, and starting to discuss the *How to Quit*.

◆ If the answer is YES, the patient is in the Preparation Stage, and is ready to quit soon. They need an in-depth counseling on *How to Quit*, and either a consult to a Tobacco Cessation Class or frequent contact from their provider, with medications prescribed as appropriate.

If you are running a Tobacco Cessation Program or Class, several key elements of a successful community wide program

include the following:

1) Having an accessible Tobacco Usage Cessation program that all providers can send referrals to.

2) Identifying tobacco users at each visit, and giving them a brief appropriate message based on their stage

3) Involving the DENTAL community in the program; they are more likely to see young smokers each year due to operational requirements for annual dental screenings.

4) Attempting to get command support for the various medications that approximately double the quit rate for people that are motivated to quit.

I have also attached a model (see page 13) that reminds us of the many opportunities that we have to minimize tobacco usage among our patients. Above the line that runs through the paper from left to right, I have placed all the various influences that make it more likely for people to smoke. Below the line, I have listed how we can wage war on tobacco usage: there are many windows of opportunity. I would like to specifically point out the TAR WARS program, and ask that you contact our new TAR WARS point of contact, MAJ Dana Renta at: **Dana.Renta@se.amedd.army.mil** if you are interested in running a program at your local community.

Helping people to quit using tobacco products is probably the single most important intervention that we can do as primary care physicians. Are you doing enough in this vital area?



Excellence

Philip Volpe, DO, COL, USA

Your excellence is never an accident. It is achieved only as a result of your unrelenting and vigorous insistence on being your best self. You know it requires an unswerving expectancy of total quality without compromise.

Your excellence does make a difference. In a world of mediocrity, you stand out as a lighthouse of personal integrity. Your excellence infects and affects everyone in your life. It charts the path and provides zest and vitality never before seen by those around you.

Your excellence is accepted by you and expected by you. It is a never-ending process of learning and expanding your limits. It requires spirit, energy and soul. You also know that it is always the result of a creatively conceived and precisely planned effort.

Your excellence energizes, electrifies, and truly initiates the movement in your life. It is the expected standard of performance for you and you love the challenge. Others may not tell you but they not only respect you for your excellence, but dream

Your excellence infects and affects everyone in your life. It charts the path and provides zest and vitality never before seen by those around you.

of achieving the level you call the norm.

This is to acknowledge you for owning that level of excellence. You are a most excellent person!

Anonymous

COMPREHENSIVE MODEL TO MINIMIZE SMOKING- John O'Brien, SEPT 2001

